



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

FY2015 CAP HOUSEHOLD APPLICATION

KBIC - You are required to update physical address with Enrollment before applying for ANY of the programs in the CAP office.

HEAD OF HOUSEHOLD INFORMATION

LAST Name	FIRST Name	Middle	Social Security #	DOB	AGE	TRIBAL ID copy required

OTHER HOUSEHOLD MEMBERS INFORMATION

LAST Name	FIRST Name	Relation to HOH	Social Security #	DOB	AGE	TRIBAL ID copy required

Mailing Address	Physical Address	City/State/Zip	County	Telephone/cell/message

Is anyone in the home a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does he/she have a DD214? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Does he/she receive benefits from the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate what benefits he/she is receiving:	Would he/she like more information on programs available through the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK EACH OF THE FOLLOWING for COMPLETED APPLICATION:

- ☐ I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a referral to the prosecutor for fraud, and/or recovery of any funds paid out on behalf of me, my household, or a minor in my care.
- ☐ I understand that failure to submit a completed application and all of its required documents will be considered incomplete and a determination of funding benefits will not be made on the request until all documents are received and application is filled in completely.
- ☐ A decision will be made on my application within 10 working days of my initial application request date.
- ☐ I understand that I have a right to file an appeal for denials and decisions not made in a timely manner. Hearings-Appeals procedure sheets can be obtained in the CAP office.
- ☐ I hereby authorize the Release of Information on myself or any other member in my household, in order to obtain information specific to this application and related requests.

Please provide current Tribal Ids for ALL member(s) in the household.

Head of Household/Applicant Signature

Date



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LOW INCOME HEATING ENERGY ASSISTANCE PROGRAM APPLICATION FY2015

HEAD OF HOUSEHOLD NAME	DATE OF APPLICATION
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Documentation needed for completed application for each request.

Completed CAP Application	Home owner [] Renter [] Please check one	DIRECT ASSISTANCE PROGRAM (DAP)	EMERGENCY CRISIS INTERVENTION PROGRAM (ECIP)	Other request(s) WEATHERIZATION
Ensure all information specified is answered. KBIC Tribal ID(s) updated with Enrollment.	Renter must provide copy of lease that lists household members.	Current heating and/or electric bill from vender.	Current disconnect notice DENIAL from outside agency.	Inquire for specific documentation needed.

PLEASE INDICATE PRIMARY HEATING SOURCE FOR HOME AND NAME OF VENDER:

Please indicate your request and information below:

HEATING Vender Name and Account Number:

ELECTRIC Vender Name and Account Number:

SIGNATURE

DATE

Does your household receive TANF payments from State of Michigan-DHS? Yes [] No []

If you answered "YES" you will first need to apply with DHS for assistance. Before applying for assistance with the CAP office, households receiving Temporary Assistance for Needy Families (TANF) must have a written denial from the Department of Human Services (DHS) stating that they cannot help them with their emergency or energy bill. You must then submit to our office the denial, CAP Application, Request Sheet, and other required documentation.

Are both parents of child (ren) living together in the home with the minor child (ren) in question? Yes [] No []

Does your household receive child support? Yes [] No []

If you answered "YES" you will need to submit a Court order stating the amount you receive for each child in your custody.

If you answered "NO" you will need to supply our office with written documentation from the appropriate child support agency(ies) in regards to your child(ren) for each parent involved (e.g. proof of application, court order that both parents choose not to receive child support.).

Please submit ALL information that applies to your household's income for a completed application.

Applies to all household members over the age of 18.

Income – past 30 days Employment and/or Self Employment	CASH Assistance State of MI/TANF	Social Security SSI/SSA/SSD	Rental Income	RECEIVED DATE
Unemployment	Child Support	Retirement and Pension benefits	Other	CAP INITIAL

ZERO INCOME FORM(S) MUST BE COMPLETED IF ADULT(S) HAVE NOT RECEIVED INCOME IN THE PAST 30 DAYS - PLEASE REQUEST FORM.

ZERO INCOME

This section must be filled out and signed by the Head of Household or person in question for all household members 18 years of age or older who have had no income in the past 30 days.

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.

Anticipated Start Date/Employer: _____

Signature

DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.

Anticipated Start Date/Employer: _____

Signature

DATES:

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